

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

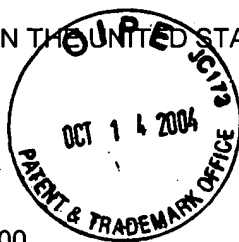
In re application of:

Michio KOBAYASHI

Serial No: 09/676,347

Confirmation No.: 2194

Filed: September 29, 2000

For: Information Authenticating Apparatus and
Authenticating Station

Art Unit: 2132

Examiner: Stulberger, Cas P.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
October 8, 2004

Date of Deposit

Joyce Hegehan

Name

Signature

October 8, 2004

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application are the following items.

- ☒ Amendment
- ☒ Petition for Extension of Time (1 month)
- ☒ 3 Replacement Sheets and 3 Annotated Sheets Showing Changes (Drawings)
- ☒ Return Postcard

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	26	-	23 **	3	LG=\$18 SM=\$9	\$18 \$ 54
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$88 SM=\$44	\$0 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
TOTAL						\$ 54

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$54 to cover fee for 3 additional claims and \$110 to cover fee for extension of time (1 month) and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

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Date: October 8, 2004

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